

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000001405

1. Entity Name
FULFORD CHRISTIAN DAY CARE, INC.



Principal Place of Business
**1900 NE 164TH ST.
MIAMI, FL 33162**

Mailing Address
**1900 NE 164TH ST.
MIAMI, FL 33162**



03202008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0387053

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PALMATIET, LOUISE N
1900 NE 164TH ST.
MIAMI, FL 33162**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Louise N. Palmatier* **Louise N. Palmatier** 4/24/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **V**
NAME **DEBELLIS, MARION**
STREET ADDRESS **1900 N.E. 164 STREET**
CITY-ST-ZIP **N MIAMI BEACH, FL 33162**

TITLE **P**
NAME **GAGE, GRACE**
STREET ADDRESS **1900 N.E. 164 STREET**
CITY-ST-ZIP **MIAMI, FL**

TITLE **S**
NAME **MCGIVERN, SYLVIA**
STREET ADDRESS **1900 N.E. 164 STREET**
CITY-ST-ZIP **MIAMI, FL 33162**

TITLE **T**
NAME **OSWALD, SANDS**
STREET ADDRESS **1900 N.W. 164 STREET**
CITY-ST-ZIP **N MIAMI BEACH, FL 33162**

TITLE **T**
NAME **DIXIE, BERGLUND**
STREET ADDRESS **1900 NE 164 ST**
CITY-ST-ZIP **MIAMI, FL 33162**

TITLE **T**
NAME **SMILEY, DOROTHY**
STREET ADDRESS **1900 NE 164 ST**
CITY-ST-ZIP **MIAMI, FL 33162**

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05/21/08-80096-017 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sylvia McGivern* **SYLVIA
MCGIVERN** 4/24/08 305-947-9266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #